

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	271 Unsolicited Eligibility Response Companion File Always Couple With A TennCare 834 Transaction															Tennessee Specific Values	
2	Element ID	Elem Use	Min Len	Max Len	Data Type	Seg Use	Seg Rep	Loop ID	Loop Name	Loop Rep	Comp Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes
3	ISA01	R	2	2	ID	R	1		INTERCHANGE CONTROL HEADER			Authorization Information Qualifier		00, 03			Preferred value is 00
4	ISA02	R	10	10	AN	R	1		INTERCHANGE CONTROL HEADER			Authorization Information					
5	ISA03	R	2	2	ID	R	1		INTERCHANGE CONTROL HEADER			Security Information Qualifier		00, 01			Preferred value is 00
6	ISA04	R	10	10	AN	R	1		INTERCHANGE CONTROL HEADER			Security Information					
7	ISA05	R	2	2	ID	R	1		INTERCHANGE CONTROL HEADER			Interchange ID Qualifier		01, 14, 20, 27, 28, 29, 30, 33, ZZ			Preferred value is ZZ
8	ISA06	R	15	15	AN	R	1		INTERCHANGE CONTROL HEADER			Interchange Sender ID					TennCare's ID 626001445TC.
9	ISA07	R	2	2	ID	R	1		INTERCHANGE CONTROL HEADER			Interchange ID Qualifier		01, 14, 20, 27, 28, 29, 30, 33, ZZ			Preferred value is ZZ
10	ISA08	R	15	15	AN	R	1		INTERCHANGE CONTROL HEADER			Interchange Receiver ID					This value will be the Sender Trading Partner ID.
11	ISA09	R	6	6	DT	R	1		INTERCHANGE CONTROL HEADER			Interchange Date		Format: YYMMDD			This is the date when the file/batch is created by TCMIS.
12	ISA10	R	4	4	TM	R	1		INTERCHANGE CONTROL HEADER			Interchange Time		Format: HHMM			
13	ISA11	R	1	1	ID	R	1		INTERCHANGE CONTROL HEADER			Interchange Control Standards ID		U			
14	ISA12	R	5	5	ID	R	1		INTERCHANGE CONTROL HEADER			Interchange Control Version Number		00401			
15	ISA13	R	9	9	N0	R	1		INTERCHANGE CONTROL HEADER			Interchange Control Number					Same as IEA02
16	ISA14	R	1	1	ID	R	1		INTERCHANGE CONTROL HEADER			Acknowledgment Requested		0, 1			
17	ISA15	R	1	1	ID	R	1		INTERCHANGE CONTROL HEADER			Usage Indicator		P, T			
18	ISA16	R	1	1		R	1		INTERCHANGE CONTROL HEADER			Component Element Separator					
19	GS01	R	2	2	ID	R	1		FUNCTIONAL GROUP HEADER			Functional Identifier Code		HB			
20	GS02	R	2	15	AN	R	1		FUNCTIONAL GROUP HEADER			Application Sender's Code					Same as ISA06
21	GS03	R	2	15	AN	R	1		FUNCTIONAL GROUP HEADER			Application Receiver's Code					Same as ISA08
22	GS04	R	8	8	DT	R	1		FUNCTIONAL GROUP HEADER			Date		Format: CCYYMMDD			
23	GS05	R	4	8	TM	R	1		FUNCTIONAL GROUP HEADER			Time					
24	GS06	R	1	9	N0	R	1		FUNCTIONAL GROUP HEADER			Group Control Number					
25	GS07	R	1	2	ID	R	1		FUNCTIONAL GROUP HEADER			Responsible Agency Code		X			
26	GS08	R	1	12	AN	R	1		FUNCTIONAL GROUP HEADER			Version/Release/ Industry ID Code		004010X092A1			

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	271 Unsolicited Eligibility Response Companion File Always Couple With A TennCare 834 Transaction															Tennessee Specific Values	
2	Element ID	Elem Use	Min Len	Max Len	Data Type	Seg Use	Seg Rep	Loop ID	Loop Name	Loop Rep	Comp Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes
27	ST01	R	3	3	ID	R	1		TRANSACTION SET HEADER			Transaction Set Identifier Code		271		271	
28	ST02	R	4	9	AN	R	1		TRANSACTION SET HEADER			Transaction Set Control Number			Must be identical to SE02 value		
29	BHT01	R	4	4	ID	R	1		BEGINNING OF HIERARCHICAL TRANSACTION			Hierarchical Structure Code		0022		0022	
30	BHT02	R	2	2	ID	R	1		BEGINNING OF HIERARCHICAL TRANSACTION			Transaction Set Purpose Code		11		11	
31	BHT03	S	1	30	AN	R	1		BEGINNING OF HIERARCHICAL TRANSACTION			Reference Identification	Submitter Transaction Identifier		Required to be used ONLY if transaction is processed in real time -- do not use for batch transactions. Must be returned in a real-time 271 transaction if one is submitted in 270.		
32	HL03	R	1	2	ID	R	1	2000A	INFORMATION SOURCE LEVEL	>1		Hierarchical Level Code		20	20 = Information Source	20	
33	HL04	R	1	1	ID	R	1	2000A	INFORMATION SOURCE LEVEL	>1		Hierarchical Child Code		0,1		1	
34	NM101	R	2	3	ID	R	1	2100A	INFORMATION SOURCE NAME	1		Entity Identifier Code		2B, 36, GP, P5, PR	2B=3rd party admin; 36=Employer; GP=Gateway provider; P5=Plan Sponsor; PR=Payer	P5	
35	NM102	R	1	1	ID	R	1	2100A	INFORMATION SOURCE NAME	1		Entity Type Qualifier		1, 2	1=person; 2=non-person entity	2	
36	NM103	S	1	35	AN	R	1	2100A	INFORMATION SOURCE NAME	1		Name Last or Organization Name	Information Source Last or Organization Name			TennCare	
37	NM108	R	1	2	ID	R	1	2100A	INFORMATION SOURCE NAME	1		Identification Code Qualifier		24, 46, FI, NI, PI, SV, XX		FI	
38	NM109	R	2	80	AN	R	1	2100A	INFORMATION SOURCE NAME	1		Identification Code	Information Source Primary Identifier			62-6001445	TennCare's Tax ID
39	HL03	R	1	2	ID	S	1	2000B	INFORMATION RECEIVER LEVEL	>1		Hierarchical Level Code		21	21=Information Receiver.	21	
40	HL04	R	1	1	ID	S	1	2000B	INFORMATION RECEIVER LEVEL	>1		Hierarchical Child Code		0, 1	0=no subordinate levels; 1=subordinate levels exist.	1	
41	NM101	R	2	3	ID	R	1	2100B	INFORMATION RECEIVER NAME	1		Entity Identifier Code		1P, 2B, 36, 80, FA, GP, P5, PR		PR	
42	NM102	R	1	1	ID	R	1	2100B	INFORMATION RECEIVER NAME	1		Entity Type Qualifier		1, 2		2	
43	NM103	S	1	35	AN	R	1	2100B	INFORMATION RECEIVER NAME	1		Name Last or Organization Name	Information Receiver Last or Organization Name				MCC Name
44	NM108	R	1	2	ID	R	1	2100B	INFORMATION RECEIVER NAME	1		Identification Code Qualifier		24, 34, FI, PI, PP, SV, XV, XX		FI	
45	NM109	R	2	80	AN	R	1	2100B	INFORMATION RECEIVER NAME	1		Identification Code	Information Receiver Identification Number		Qualified by NM108		MCC Tax ID
46	HL03	R	1	2	ID	S	1	2000C	SUBSCRIBER LEVEL	>1		Hierarchical Level Code		22	22=Subscriber	22	
47	HL04	R	1	1	ID	S	1	2000C	SUBSCRIBER LEVEL	>1		Hierarchical Child Code		0, 1	0=no subordinate levels; 1=subordinate levels exist.	1	
48	NM101	R	2	3	ID	R	1	2100C	SUBSCRIBER NAME	1		Entity Identifier Code		IL	IL=Insured or Subscriber	IL	
49	NM102	R	1	1	ID	R	1	2100C	SUBSCRIBER NAME	1		Entity Type Qualifier		1	1=Person	1	
50	NM103	S	1	35	AN	R	1	2100C	SUBSCRIBER NAME	1		Name Last or Organization Name	Subscriber Last Name		Required unless a rejection response is generated and this element was not valued in the request.		

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	271 Unsolicited Eligibility Response Companion File Always Couple With A TennCare 834 Transaction															Tennessee Specific Values	
2	Element ID	Elem Use	Min Len	Max Len	Data Type	Seg Use	Seg Rep	Loop ID	Loop Name	Loop Rep	Comp Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes
51	NM104	S	1	25	AN	R	1	2100C	SUBSCRIBER NAME	1		Name First	Subscriber First Name		Required unless a rejection response is generated and this element was not valued in the request.		
52	NM105	S	1	25	AN	R	1	2100C	SUBSCRIBER NAME	1		Name Middle	Subscriber Middle Name		Required if this is available from the Information Source's database unless a rejection response is generated and this element was not valued in the request.		
53	NM107	S	1	10	AN	R	1	2100C	SUBSCRIBER NAME	1		Name Suffix	Subscriber Name Suffix		Use if available		
54	NM108	S	1	2	ID	R	1	2100C	SUBSCRIBER NAME	1		Identification Code Qualifier		MI	MI = Member Identification Number. When the HIPAA Individual Identifier has been adopted, then the only valid value will be 'ZZ'. Required unless a rejection response is generated and this element was not valued in the request.	MI	
55	NM109	S	2	80	AN	R	1	2100C	SUBSCRIBER NAME	1		Identification Code	Subscriber Primary Identifier		Required unless a rejection response is generated and this element was not valued in the request.		Subscriber's SSN
56	2110C: Rep 1 & 2																Loop 2110C: Reps 1 & 2 (Inpatient Limit Current Year)
57	EB01	R	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Eligibility or Benefit Information		1-8, A-C, CB, D-M, MC, N-Y		F	Value 'F' indicates 'limitations'.
58	EB02	S	3	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1						IND	Value 'IND' indicates 'individual'.
59	EB03	S	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1						48	Hospital - Inpatient
60	EB04	S	1	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Insurance Type Code		12-16, 41-43, 47, AP, C1, CO, CP, D, DB, EP, FF, GP, HM, HN, HS, IN, IP, LC, LD, LI, LT, MA-MC, MH, MI, MP, OT, PE, PL, PP, PR, PS, QM, RP, SP, TF, WC, WU	This information qualifies type of policy within insurance program defined in EB03.	OT	
61	EB05	S	1	50	AN	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Plan Coverage Description				Inpatient Limits - Current Year Days	See the Benefit Limits Grid for the definitions of Benefit Indicators.
62	EB06	S	1	2	ID	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Time Period Qualifier		6, 7, 13, 21 - 36		22	Service Year
63	EB09	S	2	2	ID	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Quantity Qualifier		99, CA, CE, DB, DY, HS, LA, LE, MN, P6, QA, S7, S8, VS, YY.	Use to identify the type of units that are being conveyed in EB10.	DY	Tracked by days
64	EB10	S	1	15	R	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Quantity	Benefit Quantity		Qualified by EB09		0 or greater

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	271 Unsolicited Eligibility Response Companion File Always Couple With A TennCare 834 Transaction															Tennessee Specific Values	
2	Element ID	Elem Use	Min Len	Max Len	Data Type	Seg Use	Seg Rep	Loop ID	Loop Name	Loop Rep	Comp Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes
65	EB12	S	1	1	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Yes/No Condition or Response Code	In Plan Network Indicator	N, U, Y	Use if it is necessary to indicate if benefits are considered In or Out of Plan Network or not.	Y for rep 1 N for rep 2	Y = Reported by receiving MCC N = Reported by MCC(s) other than the receiving MCC
66	DTP01	R	3	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date/Time Qualifier	Date Time Qualifier	193, 194, 198, 290, 292, 295, 304, 307, 318, 348, 349, 356, 357, 435, 472, 636	Used to convey dates associated with the information contained in the corresponding EB loop. When using codes 307, 435, 472 at this level it is implied that these dates apply only to the EB loop that it is located in. If there is a need to supply a global date it must be provided within the DTP segment in Loop 2100C.	193	This value is set only if currBeginDate > 0. Value '193' indicates Period Start
67	DTP02	R	2	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period Format Qualifier		D8, RD8	D8=CCYYMMDD RD8=range of dates in format CCYYMMDD-CCYYMMDD	D8	This value is set only if currBeginDate > 0.
68	DTP03	R	1	35	AN	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period	Eligibility or Benefit Date Time Period				January 1 of current year based upon 834 File Effective Date
69	DTP01	R	3	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date/Time Qualifier	Date Time Qualifier	193, 194, 198, 290, 292, 295, 304, 307, 318, 348, 349, 356, 357, 435, 472, 636	Used to convey dates associated with the information contained in the corresponding EB loop. When using codes 307, 435, 472 at this level it is implied that these dates apply only to the EB loop that it is located in. If there is a need to supply a global date it must be provided within the DTP segment in Loop 2100C.	194	This value is set only if currEndDate > 0. Value '194' indicates Period End
70	DTP02	R	2	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period Format Qualifier		D8, RD8	D8=CCYYMMDD RD8=range of dates in format CCYYMMDD-CCYYMMDD	D8	This value is set only if currEndDate > 0.
71	DTP03	R	1	35	AN	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period	Eligibility or Benefit Date Time Period				834 File Effective Date
72	2110C: Reps 3 & 4																Loop 2110C: Reps 3 & 4 (Inpatient Limit Prior Year)
73	EB01	R	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Eligibility or Benefit Information		1-8, A-C, CB, D-M, MC, N-Y		F	Value 'F' indicates 'limitations'.
74	EB02	S	3	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1						IND	Value 'IND' indicates 'individual'.
75	EB03	S	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1						48	Hospital - Inpatient

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	271 Unsolicited Eligibility Response Companion File Always Couple With A TennCare 834 Transaction															Tennessee Specific Values	
2	Element ID	Elem Use	Min Len	Max Len	Data Type	Seg Use	Seg Rep	Loop ID	Loop Name	Loop Rep	Comp Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes
76	EB04	S	1	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Insurance Type Code		12-16, 41-43, 47, AP, C1, CO, CP, D, DB, EP, FF, GP, HM, HN, HS, IN, IP, LC, LD, LI, LT, MA-MC, MH, MI, MP, OT, PE, PL, PP, PR, PS, QM, RP, SP, TF, WC, WU	This information qualifies type of policy within insurance program defined in EB03.	OT	
77	EB05	S	1	50	AN	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Plan Coverage Description				Inpatient Limits - Prior Year Days	See the Benefit Limits Grid for the definitions of Benefit Indicators.
78	EB06	S	1	2	ID	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Time Period Qualifier		6, 7, 13, 21 - 36		22	Service Year
79	EB09	S	2	2	ID	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Quantity Qualifier		99, CA, CE, DB, DY, HS, LA, LE, MN, P6, QA, S7, S8, VS, YY.	Use to identify the type of units that are being conveyed in EB10.	DY	Tracked by days
80	EB10	S	1	15	R	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Quantity	Benefit Quantity		Qualified by EB09		0 or greater
81	EB12	S	1	1	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Yes/No Condition or Response Code	In Plan Network Indicator	N, U, Y	Use if it is necessary to indicate if benefits are considered In or Out of Plan Network or not.	Y for rep 3 N for rep 4	Y = Reported by receiving MCC N = Reported by MCC(s) other than the receiving MCC
82	DTP01	R	3	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date/Time Qualifier	Date Time Qualifier	193, 194, 198, 290, 292, 295, 304, 307, 318, 348, 349, 356, 357, 435, 472, 636	Used to convey dates associated with the information contained in the corresponding EB loop. When using codes 307, 435, 472 at this level it is implied that these dates apply only to the EB loop that it is located in. If there is a need to supply a global date it must be provided within the DTP segment in Loop 2100C.	193	This value is set only if prevBeginDate > 0. Value '193' indicates Period Begin
83	DTP02	R	2	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period Format Qualifier		D8, RD8	D8=CCYYMMDD RD8=range of dates in format CCYYMMDD-CCYYMMDD	D8	This value is set only if prevBeginDate > 0.
84	DTP03	R	1	35	AN	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period	Eligibility or Benefit Date Time Period				January 1 of prior year based upon 834 File Effective Date
85	DTP01	R	3	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date/Time Qualifier	Date Time Qualifier	193, 194, 198, 290, 292, 295, 304, 307, 318, 348, 349, 356, 357, 435, 472, 636	Used to convey dates associated with the information contained in the corresponding EB loop. When using codes 307, 435, 472 at this level it is implied that these dates apply only to the EB loop that it is located in. If there is a need to supply a global date it must be provided within the DTP segment in Loop 2100C.	194	This value is set only if prevEndDate > 0. Value '194' indicates Period End
86	DTP02	R	2	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period Format Qualifier		D8, RD8	D8=CCYYMMDD RD8=range of dates in format CCYYMMDD-CCYYMMDD	D8	This value is set only if prevEndDate > 0.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	271 Unsolicited Eligibility Response Companion File Always Couple With A TennCare 834 Transaction															Tennessee Specific Values	
2	Element ID	Elem Use	Min Len	Max Len	Data Type	Seg Use	Seg Rep	Loop ID	Loop Name	Loop Rep	Comp Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes
87	DTP03	R	1	35	AN	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period	Eligibility or Benefit Date Time Period				December 31 of prior year based upon 834 File Effective Date
88	2110C: Reps 5 & 6																Loop 2110C: Reps 5 & 6 (Outpatient Limit Current Year)
89	EB01	R	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Eligibility or Benefit Information		1-8, A-C, CB, D-M, MC, N-Y		F	Value 'F' indicates 'limitations'.
90	EB02	S	3	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1						IND	Value 'IND' indicates 'individual'.
91	EB03	S	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1						50	Hospital - Outpatient
92	EB04	S	1	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Insurance Type Code		12-16, 41-43, 47, AP, C1, CO, CP, D, DB, EP, FF, GP, HM, HN, HS, IN, IP, LC, LD, LI, LT, MA-MC, MH, MI, MP, OT, PE, PL, PP, PR, PS, QM, RP, SP, TF, WC, WU	This information qualifies type of policy within insurance program defined in EB03.	OT	
93	EB05	S	1	50	AN	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Plan Coverage Description				Outpatient Limits - Current Year Visits	See the Benefit Limits Grid for the definitions of Benefit Indicators.
94	EB06	S	1	2	ID	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Time Period Qualifier		6, 7, 13, 21 - 36		22	Service Year
95	EB09	S	2	2	ID	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Quantity Qualifier		99, CA, CE, DB, DY, HS, LA, LE, MN, P6, QA, S7, S8, VS, YY.	Use to identify the type of units that are being conveyed in EB10.	VS	Tracked by visits
96	EB10	S	1	15	R	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Quantity	Benefit Quantity		Qualified by EB09		0 or greater
97	EB12	S	1	1	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Yes/No Condition or Response Code	In Plan Network Indicator	N, U, Y	Use if it is necessary to indicate if benefits are considered In or Out of Plan Network or not.	Y for rep 5 N for rep 6	Y = Reported by receiving MCC N = Reported by MCC(s) other than the receiving MCC
98	DTP01	R	3	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date/Time Qualifier	Date Time Qualifier	193, 194, 198, 290, 292, 295, 304, 307, 318, 348, 349, 356, 357, 435, 472, 636	Used to convey dates associated with the information contained in the corresponding EB loop. When using codes 307, 435, 472 at this level it is implied that these dates apply only to the EB loop that it is located in. If there is a need to supply a global date it must be provided within the DTP segment in Loop 2109C.	193	This value is set only if currBeginDate > 0. Value '193' indicates Period Start

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	271 Unsolicited Eligibility Response Companion File Always Couple With A TennCare 834 Transaction															Tennessee Specific Values	
2	Element ID	Elem Use	Min Len	Max Len	Data Type	Seg Use	Seg Rep	Loop ID	Loop Name	Loop Rep	Comp Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes
99	DTP02	R	2	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period Format Qualifier		D8, RD8	D8=CCYYMMDD RD8=range of dates in format CCYYMMDD-CCYYMMDD	D8	This value is set only if currBeginDate > 0.
100	DTP03	R	1	35	AN	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period	Eligibility or Benefit Date Time Period				January 1 of current year based upon 834 File Effective Date
101	DTP01	R	3	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date/Time Qualifier	Date Time Qualifier	193, 194, 198, 290, 292, 295, 304, 307, 318, 348, 349, 356, 357, 435, 472, 636	Used to convey dates associated with the information contained in the corresponding EB loop. When using codes 307, 435, 472 at this level it is implied that these dates apply only to the EB loop that it is located in. If there is a need to supply a global date it must be provided within the DTP segment	194	This value is set only if currEndDate > 0. Value '194' indicates Period End
102	DTP02	R	2	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period Format Qualifier		D8, RD8	D8=CCYYMMDD RD8=range of dates in format CCYYMMDD-CCYYMMDD	D8	This value is set only if currEndDate > 0. Value being auto plugged by translation map.
103	DTP03	R	1	35	AN	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period	Eligibility or Benefit Date Time Period				834 File Effective Date
104	2110C: Repts 7 & 8																Loop 2110C: Repts 7 & 8 (Outpatient Limit Prior Year)
105	EB01	R	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Eligibility or Benefit Information		1-8, A-C, CB, D-M, MC, N-Y		F	Value 'F' indicates 'limitations'.
106	EB02	S	3	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1						IND	Value 'IND' indicates 'individual'.
107	EB03	S	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1						50	Hospital - Outpatient
108	EB04	S	1	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Insurance Type Code		12-16, 41-43, 47, AP, C1, CO, CP, D, DB, EP, FF, GP, HM, HN, HS, IN, IP, LC, LD, LI, LT, MA-MC, MH, MI, MP, OT, PE, PL, PP, PR, PS, QM, RP, SP, TF, WC, WU	This information qualifies type of policy within insurance program defined in EB03.	OT	
109	EB05	S	1	50	AN	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Plan Coverage Description				Outpatient Limits - Prior Year Visits	See the next spreadsheet for the definitions of Benefit Indicators.
110	EB06	S	1	2	ID	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Time Period Qualifier		6, 7, 13, 21 - 36		22	Service Year

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	271 Unsolicited Eligibility Response Companion File Always Couple With A TennCare 834 Transaction															Tennessee Specific Values	
2	Element ID	Elem Use	Min Len	Max Len	Data Type	Seg Use	Seg Rep	Loop ID	Loop Name	Loop Rep	Comp Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes
111	EB09	S	2	2	ID	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Quantity Qualifier		99, CA, CE, DB, DY, HS, LA, LE, MN, P6, QA, S7, S8, VS, YY.	Use to identify the type of units that are being conveyed in EB10.	VS	Tracked by visits
112	EB10	S	1	15	R	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Quantity	Benefit Quantity		Qualified by EB09		0 or greater
113	EB12	S	1	1	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Yes/No Condition or Response Code	In Plan Network Indicator	N, U, Y	Use if it is necessary to indicate if benefits are considered In or Out of Plan Network or not.	Y for rep 7 N for rep 8	Y = Reported by receiving MCC N = Reported by MCC(s) other than the receiving MCC
114	DTP01	R	3	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date/Time Qualifier	Date Time Qualifier	193, 194, 198, 290, 292, 295, 304, 307, 318, 348, 349, 356, 357, 435, 472, 636	Used to convey dates associated with the information contained in the corresponding EB loop. When using codes 307, 435, 472 at this level it is implied that these dates apply only to the EB loop that it is located in. If there is a need to supply a global date it must be provided within the DTP segment in Loop 2100C.	193	This value is set only if prevBeginDate > 0. Value '193' indicates Period Begin
115	DTP02	R	2	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period Format Qualifier		D8, RD8	D8=CCYYMMDD RD8=range of dates in format CCYYMMDD-CCYYMMDD	D8	This value is set only if prevBeginDate > 0..
116	DTP03	R	1	35	AN	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period	Eligibility or Benefit Date Time Period				January 1 of prior year based upon 834 File Effective Date
117	DTP01	R	3	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date/Time Qualifier	Date Time Qualifier	193, 194, 198, 290, 292, 295, 304, 307, 318, 348, 349, 356, 357, 435, 472, 636	Used to convey dates associated with the information contained in the corresponding EB loop. When using codes 307, 435, 472 at this level it is implied that these dates apply only to the EB loop that it is located in. If there is a need to supply a global date it must be provided within the DTP segment in Loop 2100C.	194	This value is set only if prevEndDate > 0. Value '194' indicates Period End
118	DTP02	R	2	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period Format Qualifier		D8, RD8	D8=CCYYMMDD RD8=range of dates in format CCYYMMDD-CCYYMMDD	D8	This value is set only if prevEndDate > 0.
119	DTP03	R	1	35	AN	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period	Eligibility or Benefit Date Time Period				December 31 of prior year based upon 834 File Effective Date
120	2110C: Reps 9 & 10																Loop 2110C: Reps 9 & 10 (Physician Visits Limit - Current Year)
121	EB01	R	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Eligibility or Benefit Information		1-8, A-C, CB, D-M, MC, N-Y		F	Value 'F' indicates 'limitations'.
122	EB02	S	3	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1						IND	Value 'IND' indicates 'individual'.
123	EB03	S	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1						98	Professional (Physician) Visit - Office

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	271 Unsolicited Eligibility Response Companion File Always Couple With A TennCare 834 Transaction															Tennessee Specific Values	
2	Element ID	Elem Use	Min Len	Max Len	Data Type	Seg Use	Seg Rep	Loop ID	Loop Name	Loop Rep	Comp Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes
124	EB04	S	1	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Insurance Type Code		12-16, 41-43, 47, AP, C1, CO, CP, D, DB, EP, FF, GP, HM, HN, HS, IN, IP, LC, LD, LI, LT, MA-MC, MH, MI, MP, OT, PE, PL, PP, PR, PS, QM, RP, SP, TF, WC, WU	This information qualifies type of policy within insurance program defined in EB03.	OT	
125	EB05	S	1	50	AN	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Plan Coverage Description				Physician Limits - Current Year Visits	See the Benefit Limits Grid for the definitions of Benefit Indicators.
126	EB06	S	1	2	ID	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Time Period Qualifier		6, 7, 13, 21 - 36		22	Service Year
127	EB09	S	2	2	ID	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Quantity Qualifier		99, CA, CE, DB, DY, HS, LA, LE, MN, P6, QA, S7, S8, VS, YY.	Use to identify the type of units that are being conveyed in EB10.	VS	Tracked by visits
128	EB10	S	1	15	R	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Quantity	Benefit Quantity		Qualified by EB09		0 or greater
129	EB12	S	1	1	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Yes/No Condition or Response Code	In Plan Network Indicator	N, U, Y	Use if it is necessary to indicate if benefits are considered In or Out of Plan Network or not.	Y for rep 9 N for rep 10	Y = Reported by receiving MCC N = Reported by MCC(s) other than the receiving MCC
130	DTP01	R	3	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date/Time Qualifier	Date Time Qualifier	193, 194, 198, 290, 292, 295, 304, 307, 318, 348, 349, 356, 357, 435, 472, 636	Used to convey dates associated with the information contained in the corresponding EB loop. When using codes 307, 435, 472 at this level it is implied that these dates apply only to the EB loop that it is located in. If there is a need to supply a global date it must be provided within the DTP segment in Loop 2100C.	193	This value is set only if currBeginDate > 0. Value '193' indicates Period Start
131	DTP02	R	2	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period Format Qualifier		D8, RD8	D8=CCYYMMDD RD8=range of dates in format CCYYMMDD-CCYYMMDD	D8	This value is set only if currBeginDate > 0.
132	DTP03	R	1	35	AN	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period	Eligibility or Benefit Date Time Period				January 1 of current year based upon 834 File Effective Date
133	DTP01	R	3	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date/Time Qualifier	Date Time Qualifier	193, 194, 198, 290, 292, 295, 304, 307, 318, 348, 349, 356, 357, 435, 472, 636	Used to convey dates associated with the information contained in the corresponding EB loop. When using codes 307, 435, 472 at this level it is implied that these dates apply only to the EB loop that it is located in. If there is a need to supply a global date it must be provided within the DTP segment in Loop 2100C.	194	This value is set only if currEndDate > 0. Value '194' indicates Period End
134	DTP02	R	2	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period Format Qualifier		D8, RD8	D8=CCYYMMDD RD8=range of dates in format CCYYMMDD-CCYYMMDD	D8	This value is set only if currEndDate > 0.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	271 Unsolicited Eligibility Response Companion File Always Couple With A TennCare 834 Transaction															Tennessee Specific Values	
2	Element ID	Elem Use	Min Len	Max Len	Data Type	Seg Use	Seg Rep	Loop ID	Loop Name	Loop Rep	Comp Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes
135	DTP03	R	1	35	AN	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period	Eligibility or Benefit Date Time Period				834 File Effective Date
136	2110C: Reps 11 & 12																Loop 2110C: Reps 11 & 12 (Physician Visits Limit Prior Year)
137	EB01	R	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Eligibility or Benefit Information		1-8, A-C, CB, D-M, MC, N-Y		F	Value 'F' indicates 'limitations'.
138	EB02	S	3	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1						IND	Value 'IND' indicates 'individual'.
139	EB03	S	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1						98	Professional (Physician) Visit - Office
140	EB04	S	1	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Insurance Type Code		12-16, 41-43, 47, AP, C1, CO, CP, D, DB, EP, FF, GP, HM, HN, HS, IN, IP, LC, LD, LI, LT, MA-MC, MH, MI, MP, OT, PE, PL, PP, PR, PS, QM, RP, SP, TF, WC, WU	This information qualifies type of policy within insurance program defined in EB03.	OT	
141	EB05	S	1	50	AN	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Plan Coverage Description				Physician Limits - Prior Year Visits	See the Benefit Limits Grid for the definitions of Benefit Indicators.
142	EB06	S	1	2	ID	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Time Period Qualifier		6, 7, 13, 21 - 36		22	Service Year
143	EB09	S	2	2	ID	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Quantity Qualifier		99, CA, CE, DB, DY, HS, LA, LE, MN, P6, QA, S7, S8, VS, YY.	Use to identify the type of units that are being conveyed in EB10.	VS	Tracked by visits
144	EB10	S	1	15	R	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Quantity	Benefit Quantity		Qualified by EB09		0 or greater
145	EB12	S	1	1	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Yes/No Condition or Response Code	In Plan Network Indicator	N, U, Y	Use if it is necessary to indicate if benefits are considered In or Out of Plan Network or not.	Y for rep 11 N for rep 12	Y = Reported by receiving MCC N = Reported by MCC(s) other than the receiving MCC
146	DTP01	R	3	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date/Time Qualifier	Date Time Qualifier	193, 194, 198, 290, 292, 295, 304, 307, 318, 348, 349, 356, 357, 435, 472, 636	Used to convey dates associated with the information contained in the corresponding EB loop. When using codes 307, 435, 472 at this level it is implied that these dates apply only to the EB loop that it is located in. If there is a need to supply a global date it must be provided within the DTP segment in Loop 2110C.	193	This value is set only if currBeginDate > 0. Value '193' indicates Period Start

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	271 Unsolicited Eligibility Response Companion File Always Couple With A TennCare 834 Transaction															Tennessee Specific Values	
2	Element ID	Elem Use	Min Len	Max Len	Data Type	Seg Use	Seg Rep	Loop ID	Loop Name	Loop Rep	Comp Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes
147	DTP02	R	2	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period Format Qualifier		D8, RD8	D8=CCYYMMDD RD8=range of dates in format CCYYMMDD-CCYYMMDD	D8	This value is set only if currBeginDate > 0.
148	DTP03	R	1	35	AN	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period	Eligibility or Benefit Date Time Period				January 1 of prior year based upon 834 File Effective Date
149	DTP01	R	3	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date/Time Qualifier	Date Time Qualifier	193, 194, 198, 290, 292, 295, 304, 307, 318, 348, 349, 356, 357, 435, 472, 636	Used to convey dates associated with the information contained in the corresponding EB loop. When using codes 307, 435, 472 at this level it is implied that these dates apply only to the EB loop that it is located in. If there is a need to supply a global date it must be provided within the DTP segment	194	This value is set only if currEndDate > 0. Value '194' indicates Period End
150	DTP02	R	2	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period Format Qualifier		D8, RD8	D8=CCYYMMDD RD8=range of dates in format CCYYMMDD-CCYYMMDD	D8	This value is set only if currEndDate > 0.
151	DTP03	R	1	35	AN	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period	Eligibility or Benefit Date Time Period				December 31 of prior year based upon 834 File Effective Date
152	2110C: Reps 13 & 14																Loop 2110C: Reps 13 & 14 (Lab/X-ray Limit Current Year)
153	EB01	R	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Eligibility or Benefit Information		1-8, A-C, CB, D-M, MC, N-Y		F	Value 'F' indicates 'limitations'.
154	EB02	S	3	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1						IND	Value 'IND' indicates 'individual'.
155	EB03	S	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1						73	Diagnostic Medical
156	EB04	S	1	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Insurance Type Code		12-16, 41-43, 47, AP, C1, CO, CP, D, DB, EP, FF, GP, HM, HN, HS, IN, IP, LC, LD, LI, LT, MA-MC, MH, MI, MP, OT, PE, PL, PP, PR, PS, QM, RP, SP, TF, WC, WU	This information qualifies type of policy within insurance program defined in EB03.	OT	
157	EB05	S	1	50	AN	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Plan Coverage Description				Lab/X-ray Limits - Current Year Occasions	See the Benefit Limits Grid for the definitions of Benefit Indicators.
158	EB06	S	1	2	ID	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Time Period Qualifier		6, 7, 13, 21 - 36		22	Service Year

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	271 Unsolicited Eligibility Response Companion File Always Couple With A TennCare 834 Transaction															Tennessee Specific Values	
2	Element ID	Elem Use	Min Len	Max Len	Data Type	Seg Use	Seg Rep	Loop ID	Loop Name	Loop Rep	Comp Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes
159	EB09	S	2	2	ID	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Quantity Qualifier		99, CA, CE, DB, DY, HS, LA, LE, MN, P6, QA, S7, S8, VS, YY.	Use to identify the type of units that are being conveyed in EB10.	VS	Tracked by visits
160	EB10	S	1	15	R	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Quantity	Benefit Quantity		Qualified by EB09		0 or greater
161	EB12	S	1	1	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Yes/No Condition or Response Code	In Plan Network Indicator	N, U, Y	Use if it is necessary to indicate if benefits are considered In or Out of Plan Network or not.	Y for rep 13 N for rep 14	Y = Reported by receiving MCC N = Reported by MCC(s) other than the receiving MCC
162	DTP01	R	3	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date/Time Qualifier	Date Time Qualifier	193, 194, 198, 290, 292, 295, 304, 307, 318, 348, 349, 356, 357, 435, 472, 636	Used to convey dates associated with the information contained in the corresponding EB loop. When using codes 307, 435, 472 at this level it is implied that these dates apply only to the EB loop that it is located in. If there is a need to supply a global date it must be provided within the DTP segment in Loop 2110C.	193	This value is set only if currBeginDate > 0. Value '193' indicates Period Start
163	DTP02	R	2	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period Format Qualifier		D8, RD8	D8=CCYYMMDD RD8=range of dates in format CCYYMMDD-CCYYMMDD	D8	This value is set only if currBeginDate > 0.
164	DTP03	R	1	35	AN	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period	Eligibility or Benefit Date Time Period				January 1 of current year based upon 834 File Effective Date
165	DTP01	R	3	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date/Time Qualifier	Date Time Qualifier	193, 194, 198, 290, 292, 295, 304, 307, 318, 348, 349, 356, 357, 435, 472, 636	Used to convey dates associated with the information contained in the corresponding EB loop. When using codes 307, 435, 472 at this level it is implied that these dates apply only to the EB loop that it is located in. If there is a need to supply a global date it must be provided within the DTP segment in Loop 2110C.	194	This value is set only if currEndDate > 0. Value '194' indicates Period End
166	DTP02	R	2	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period Format Qualifier		D8, RD8	D8=CCYYMMDD RD8=range of dates in format CCYYMMDD-CCYYMMDD	D8	This value is set only if currEndDate > 0.
167	DTP03	R	1	35	AN	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period	Eligibility or Benefit Date Time Period				834 File Effective Date
168	2110C: Reps 15 & 16																Loop 2110C: Rep 15 & 16 (Lab/X-ray Limit Prior Year)
169	EB01	R	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Eligibility or Benefit Information		1-8, A-C, CB, D-M, MC, N-Y		F	Value 'F' indicates 'limitations'.
170	EB02	S	3	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1						IND	Value 'IND' indicates 'individual'.
171	EB03	S	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1						73	Diagnostic Medical

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	271 Unsolicited Eligibility Response Companion File Always Couple With A TennCare 834 Transaction															Tennessee Specific Values	
2	Element ID	Elem Use	Min Len	Max Len	Data Type	Seg Use	Seg Rep	Loop ID	Loop Name	Loop Rep	Comp Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes
172	EB04	S	1	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Insurance Type Code		12-16, 41-43, 47, AP, C1, CO, CP, D, DB, EP, FF, GP, HM, HN, HS, IN, IP, LC, LD, LI, LT, MA-MC, MH, MI, MP, OT, PE, PL, PP, PR, PS, QM, RP, SP, TF, WC, WU	This information qualifies type of policy within insurance program defined in EB03.	OT	
173	EB05	S	1	50	AN	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Plan Coverage Description				Lab/X-ray Limits - Prior Year Occasions	See the Benefit Limits Grid for the definitions of Benefit Indicators.
174	EB06	S	1	2	ID	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Time Period Qualifier		6, 7, 13, 21 - 36		22	Service Year
175	EB09	S	2	2	ID	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Quantity Qualifier		99, CA, CE, DB, DY, HS, LA, LE, MN, P6, QA, S7, S8, VS, YY.	Use to identify the type of units that are being conveyed in EB10.	VS	Tracked by visits
176	EB10	S	1	15	R	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Quantity	Benefit Quantity		Qualified by EB09		0 or greater
177	EB12	S	1	1	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Yes/No Condition or Response Code	In Plan Network Indicator	N, U, Y	Use if it is necessary to indicate if benefits are considered In or Out of Plan Network or not.	Y for rep 15 N for rep 16	Y = Reported by receiving MCC N = Reported by MCC(s) other than the receiving MCC
178	DTP01	R	3	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date/Time Qualifier	Date Time Qualifier	193, 194, 198, 290, 292, 295, 304, 307, 318, 348, 349, 356, 357, 435, 472, 636	Used to convey dates associated with the information contained in the corresponding EB loop. When using codes 307, 435, 472 at this level it is implied that these dates apply only to the EB loop that it is located in. If there is a need to supply a global date it must be provided within the DTP segment in Loop 2100C.	193	This value is set only if currBeginDate > 0. Value '193' indicates Period Start
179	DTP02	R	2	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period Format Qualifier		D8, RD8	D8=CCYYMMDD RD8=range of dates in format CCYYMMDD-CCYYMMDD	D8	This value is set only if prevBeginDate > 0.
180	DTP03	R	1	35	AN	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period	Eligibility or Benefit Date Time Period				January 1 of prior year based upon 834 File Effective Date
181	DTP01	R	3	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date/Time Qualifier	Date Time Qualifier	193, 194, 198, 290, 292, 295, 304, 307, 318, 348, 349, 356, 357, 435, 472, 636	Used to convey dates associated with the information contained in the corresponding EB loop. When using codes 307, 435, 472 at this level it is implied that these dates apply only to the EB loop that it is located in. If there is a need to supply a global date it must be provided within the DTP segment in Loop 2100C.	194	This value is set only if prevEndDate > 0. Value '194' indicates Period End
182	DTP02	R	2	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period Format Qualifier		D8, RD8	D8=CCYYMMDD RD8=range of dates in format CCYYMMDD-CCYYMMDD	D8	This value is set only if prevEndDate > 0.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	271 Unsolicited Eligibility Response Companion File Always Couple With A TennCare 834 Transaction															Tennessee Specific Values	
2	Element ID	Elem Use	Min Len	Max Len	Data Type	Seg Use	Seg Rep	Loop ID	Loop Name	Loop Rep	Comp Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes
183	DTP03	R	1	35	AN	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period	Eligibility or Benefit Date Time Period				December 31 of prior year based upon 834 File Effective Date
184	2100C: Rep 17 & 18																Loop 2110C: Reps 17 & 18 (Professional - Physician - Visit Inpatient Limit - Current Year)
185	EB01	R	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Eligibility or Benefit Information		1-8, A-C, CB, D-M, MC, N-Y		F	Value 'F' indicates 'limitations'.
186	EB02	S	3	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1						IND	Value 'IND' indicates 'individual'.
187	EB03	S	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1						99	Professional (Physician) Visit - Inpatient
188	EB04	S	1	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Insurance Type Code		12-16, 41-43, 47, AP, C1, CO, CP, D, DB, EP, FF, GP, HM, HN, HS, IN, IP, LC, LD, LI, LT, MA-MC, MH, MI, MP, OT, PE, PL, PP, PR, PS, QM, RP, SP, TF, WC, WU	This information qualifies type of policy within insurance program defined in EB03.	OT	
189	EB05	S	1	50	AN	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Plan Coverage Description				Inpatient Physician Limits - Current Year Days	See the Benefit Limits Grid for the definitions of Benefit Indicators.
190	EB06	S	1	2	ID	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Time Period Qualifier		6, 7, 13, 21 - 36		22	Service Year
191	EB09	S	2	2	ID	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Quantity Qualifier		99, CA, CE, DB, DY, HS, LA, LE, MN, P6, QA, S7, S8, VS, YY.	Use to identify the type of units that are being conveyed in EB10.	DY	Tracked by days
192	EB10	S	1	15	R	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Quantity	Benefit Quantity		Qualified by EB09		0 or greater
193	EB12	S	1	1	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Yes/No Condition or Response Code	In Plan Network Indicator	N, U, Y	Use if it is necessary to indicate if benefits are considered In or Out of Plan Network or not.	Y for rep 17 N for rep 18	Y = Reported by receiving MCC N = Reported by MCC(s) other than the receiving MCC
194	DTP01	R	3	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date/Time Qualifier	Date Time Qualifier	193, 194, 198, 290, 292, 295, 304, 307, 318, 348, 349, 356, 357, 435, 472, 636	Used to convey dates associated with the information contained in the corresponding EB loop. When using codes 307, 435, 472 at this level it is implied that these dates apply only to the EB loop that it is located in. If there is a need to supply a global date it must be provided within the DTP segment in Loop 83400C.	193	This value is set only if currBeginDate > 0. Value '193' indicates Period Start

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	271 Unsolicited Eligibility Response Companion File Always Couple With A TennCare 834 Transaction															Tennessee Specific Values	
2	Element ID	Elem Use	Min Len	Max Len	Data Type	Seg Use	Seg Rep	Loop ID	Loop Name	Loop Rep	Comp Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes
195	DTP02	R	2	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period Format Qualifier		D8, RD8	D8=CCYYMMDD RD8=range of dates in format CCYYMMDD-CCYYMMDD	D8	This value is set only if currBeginDate > 0.
196	DTP03	R	1	35	AN	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period	Eligibility or Benefit Date Time Period				January 1 of current year based upon 834 File Effective Date
197	DTP01	R	3	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date/Time Qualifier	Date Time Qualifier	193, 194, 198, 290, 292, 295, 304, 307, 318, 348, 349, 356, 357, 435, 472, 636	Used to convey dates associated with the information contained in the corresponding EB loop. When using codes 307, 435, 472 at this level it is implied that these dates apply only to the EB loop that it is located in. If there is a need to supply a global date it must be provided within the DTP segment	194	This value is set only if currEndDate > 0. Value '194' indicates Period End
198	DTP02	R	2	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period Format Qualifier		D8, RD8	D8=CCYYMMDD RD8=range of dates in format CCYYMMDD-CCYYMMDD	D8	This value is set only if currEndDate > 0.
199	DTP03	R	1	35	AN	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period	Eligibility or Benefit Date Time Period				834 File Effective Date
200	2100C: Reps 19 & 20																Loop 2110C: Reps 19 & 20 (Professional - Physician - Visit Inpatient Limit - Prior Year)
201	EB01	R	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Eligibility or Benefit Information		1-8, A-C, CB, D-M, MC, N-Y		F	Value 'F' indicates 'limitations'.
202	EB02	S	3	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1						IND	Value 'IND' indicates 'individual'.
203	EB03	S	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1						99	Professional (Physician) Visit - Inpatient
204	EB04	S	1	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Insurance Type Code		12-16, 41-43, 47, AP, C1, CO, CP, D, DB, EP, FF, GP, HM, HN, HS, IN, IP, LC, LD, LI, LT, MA-MC, MH, MI, MP, OT, PE, PL, PP, PR, PS, QM, RP, SP, TF, WC, WU	This information qualifies type of policy within insurance program defined in EB03.	OT	
205	EB05	S	1	50	AN	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Plan Coverage Description				Inpatient Physician Limits - Prior Year Days	See the Benefit Limits Grid for the definitions of Benefit Indicators.
206	EB06	S	1	2	ID	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Time Period Qualifier		6, 7, 13, 21 - 36		22	Service Year

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	271 Unsolicited Eligibility Response Companion File Always Couple With A TennCare 834 Transaction															Tennessee Specific Values	
2	Element ID	Elem Use	Min Len	Max Len	Data Type	Seg Use	Seg Rep	Loop ID	Loop Name	Loop Rep	Comp Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes
207	EB09	S	2	2	ID	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Quantity Qualifier		99, CA, CE, DB, DY, HS, LA, LE, MN, P6, QA, S7, S8, VS, YY.	Use to identify the type of units that are being conveyed in EB10.	DY	Tracked by days
208	EB10	S	1	15	R	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Quantity	Benefit Quantity		Qualified by EB09		0 or greater
209	EB12	S	1	1	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Yes/No Condition or Response Code	In Plan Network Indicator	N, U, Y	Use if it is necessary to indicate if benefits are considered In or Out of Plan Network or not.	Y for rep 19 N for rep 20	Y = Reported by receiving MCC N = Reported by MCC(s) other than the receiving MCC
210	DTP01	R	3	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date/Time Qualifier	Date Time Qualifier	193, 194, 198, 290, 292, 295, 304, 307, 318, 348, 349, 356, 357, 435, 472, 636	Used to convey dates associated with the information contained in the corresponding EB loop. When using codes 307, 435, 472 at this level it is implied that these dates apply only to the EB loop that it is located in. If there is a need to supply a global date it must be provided within the DTP segment in Loop 2100C.	193	This value is set only if prevBeginDate > 0. Value '193' indicates Period Begin
211	DTP02	R	2	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period Format Qualifier		D8, RD8	D8=CCYYMMDD RD8=range of dates in format CCYYMMDD-CCYYMMDD	D8	This value is set only if prevBeginDate > 0.
212	DTP03	R	1	35	AN	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period	Eligibility or Benefit Date Time Period				January 1 of prior year based upon 834 File Effective Date
213	DTP01	R	3	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date/Time Qualifier	Date Time Qualifier	193, 194, 198, 290, 292, 295, 304, 307, 318, 348, 349, 356, 357, 435, 472, 636	Used to convey dates associated with the information contained in the corresponding EB loop. When using codes 307, 435, 472 at this level it is implied that these dates apply only to the EB loop that it is located in. If there is a need to supply a global date it must be provided within the DTP segment in Loop 2100C.	194	This value is set only if prevEndDate > 0. Value '194' indicates Period End
214	DTP02	R	2	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period Format Qualifier		D8, RD8	D8=CCYYMMDD RD8=range of dates in format CCYYMMDD-CCYYMMDD	D8	This value is set only if prevEndDate > 0.
215	DTP03	R	1	35	AN	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period	Eligibility or Benefit Date Time Period				December 31 of prior year based upon 834 File Effective Date
216	SE02	R	4	9	AN	R	1		TRANSACTION SET TRAILER	1		Transaction Set Control Number			Must be identical to the one in SE02		
217	GE01	R	1	6	N0	R			FUNCTIONAL GROUP TRAILER			Number of Transaction Sets Included					
218	GE02	R	1	9	N0	R			FUNCTIONAL GROUP TRAILER			Group Control Number		= GS06		= GS06	
219	IEA01	R	1	5	N0	R			INTERCHANGE CONTROL TRAILER			Number of Included Functional Groups					
220	IEA02	R	9	9	N0	R			INTERCHANGE CONTROL TRAILER			Interchange Control Number		= ISA13		= ISA13	